

2. What chemicals are you exposed to on your job?  
\_\_\_\_\_
3. How many hours a day are you exposed to chemicals?  
\_\_\_\_\_
4. Have you noticed any skin rash within the past year you feel was related to your work?  
Yes\_\_ No\_\_  
If so, explain circumstances: \_\_\_\_\_
5. Have you noticed that any chemical makes you cough, be short of breath, or wheeze?  
Yes\_\_ No\_\_  
If so, can you identify it? \_\_\_\_\_

*D. Miscellaneous*

1. Do you smoke?  
Yes\_\_ No\_\_  
If so, how much and for how long? \_\_\_\_\_  
\_\_\_\_\_  
Pipe \_\_\_\_\_  
Cigars \_\_\_\_\_  
Cigarettes \_\_\_\_\_
2. Do you drink alcohol in any form?  
Yes\_\_ No\_\_  
If so, how much, how long, and how often? \_\_\_\_\_  
\_\_\_\_\_
3. Do you wear glasses or contact lenses?  
Yes\_\_ No\_\_
4. Do you get any physical exercise other than that required to do your job?  
Yes\_\_ No\_\_  
If so, explain: \_\_\_\_\_  
\_\_\_\_\_